

2013 Dental Plan Comparison Highlights

Covered Benefit	BCBS Flexible Plan (formerly Premier Plan)		BCBS Limited Plan ¹ (formerly Limited PPO Plan)
	In-Network	Out-of-Network	
Plan pays	Higher benefits with in-network care ² ; out-of-network care is available		In-network care only ²
Cleanings	Two cleanings within a 12-month period are covered at 100%		
Calendar Year Maximum Applies to Class I, II & III	\$1,000 per person		No annual maximum
Calendar Year Deductible Applies to Class III	\$75 per person \$225 per family		No deductible
Class I – Preventive & Diagnostic Care (initial & periodic exams, cleanings, routine x-rays, sealants, fluoride & space maintainers)	100% no deductible	100% of R&C ³ no deductible	100% for most benefits (see schedule of benefits)
Class II – Basic Restorative Care (fillings – amalgam & composites; extractions – simple, surgical & impacted; root canal; periodontal treatment)	80% no deductible	80% of R&C ³ no deductible	100% for some services; flat dollar amount set for other services
Class III – Major Restorative & Prosthodontics (crowns, dentures, bridges & implants)	50% after deductible	50% of R&C ³ after deductible	Flat dollar amount set for most services; Implants are not a covered benefit
Class IV – Orthodontia (braces) ⁴	\$100 lifetime deductible ⁴ \$1,000 lifetime maximum		Flat dollar amount set for most services ⁵
	50% ⁵ after deductible		
Class V – Temporomandibular Joint Syndrome (TMJ)	\$100 calendar year deductible ⁴ \$750 lifetime maximum		Not a covered benefit
	50% after deductible	50% of R&C ³ after deductible	
Pre-Determination of Benefits	Before starting treatment, your dentist may do a pre-determination with BCBS for any procedure over \$200. Pre-determination does not guarantee benefits, but will provide you with an approximate cost of the treatment and whether the procedure is covered.		
Reimbursement	In-network providers are paid based on a fee schedule. Out-of-network providers are paid at the Reasonable & Customary (R&C) fee. You will be responsible for any charges over the Resonable & Customary (R&C) fee ³ .		In-network providers are paid based on a fee schedule. No benefits are paid for out-of-network services and you will be responsible for all out-of-network charges ¹ .

¹ If you are a member of the BCBS Limited Plan, you must visit an in-network provider to receive benefits as there are no out-of-network benefits (except as noted in footnote 2 below).

² If there is no provider within a 30-mile radius of your home, you may select a provider out-of-network and have your claim treated as in-network. Contact BCBS to confirm you will receive the higher level of benefits.

³ If you are a member under the BCBS Flexible Plan, you are not responsible for covered charges over the reasonable and customary (R&C) fee if you go to an in-network BCBS provider. If you go to an out-of-network provider, you are responsible for charges over the R&C fee.

⁴ Orthodontic and TMJ deductibles are in addition to the plan deductible.

⁵ All orthodontic claims will be treated as in-network but will be subject to the payment structure of the plan in which you are enrolled.